



Product Submission Form

Interpretive Development Certification Program

Please include this form with your submission

Name:

Park/Site:

Module #:

Date mailed:

This is my _____ submission attempt for this certification (1st, 2nd, etc.)

I have reviewed the enclosed product against the submission requirements AND rubric for this certification:

☐ Yes

☐ No

Has supervisor reviewed product?

☐ Yes

☐ No

Career Position (Please select one from the following):

☐ GS-0025: Park Ranger

☐ GS-1702: Educational Specialist

☐ GS-0303: Visitor Use Assistant

☐ Cooperating Associate Employee

☐ GS-0090: Park Guide

☐ SCA/Student Intern

☐ Volunteer

☐ Other _____

Career Status (Please select one from the following):

☐ Permanent

☐ Seasonal

☐ Term

☐ Intake (Year _____)

Product Format (Please select from the following and indicate number of copies):

☐ Video (_____ copies)

☐ Floppy Disk

☐ Hard Copy (_____ copies)

☐ ccmil/Email

Product Topic/Emphasis is primarily:

☐ Natural

☐ Natural and cultural

☐ Cultural

☐ Other _____

FedEx mailing address and phone number:

Park phone and email address: